

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>05/25/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>DW</i>	<i>72346</i>	<i>8-8-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date	
Final	Original	
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Claim	Date	
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If more than 150 claims or 10 actions
staple additional sheet here

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